|   |   |                                  |  |              |                              |                  |          |                | Application or Docket Number |         |                |                        |  |  |
|---|---|----------------------------------|--|--------------|------------------------------|------------------|----------|----------------|------------------------------|---------|----------------|------------------------|--|--|
|   | PATENT A  | APPLICATION<br>Effecti           |  | 29/          | 7                            | 8/22,            | 7        |                |                              |         |                |                        |  |  |
| CLAIMS AS FILED - PART I<br>(Column 1) (Column 2) |   |                                  |  |              |                              |                  |          | MALL EN        |                              | OR      | OTHER<br>SWALL |                        |  |  |
| TO  | TAL CLAIMS  |                                  | 15   |              |                              |                  |          | RATE           | FEE                          |         | RATE           | FEE                    |  |  |
| FO  | 3   |                                  | NUMBER FILED                                   |              | NUMBER EXTRA                 |                  |          | BASIC FEE      | 355.00                       | OR      | BASIC FEE      | 710.00                 |  |  |
| тот   | TAL CHARGEA   | BLE CLAIMS                       | /5 minus 20=                                   |              | • છ                          |                  |          | X\$ 9=         |                              | OR      | X\$18=         | 0                      |  |  |
| INDI  | EPENDENT CL   | AIMS                             | ـــــــــــــــــــــــــــــــــــــ          |              | * /                          |                  |          | X40=           |                              | OR      | X80=           | 80                     |  |  |
| MUI   | TIPLE DEPEN   | IDENT CLAIM PF                   | RESENT   |              |                              |                  |          | +135=          |                              | OR      | +270=          |                        |  |  |
| * If 1  | the difference  | in column 1 is l                 | ess than ze                                    | ro, ente     | r "0" in c                   | olumn 2          | <u>[</u> | TOTAL          |                              | OR      | TOTAL          | 790                    |  |  |
|   | C   | Laims as a                       | Mended - Part II                               |              |                              |                  |          |                |                              | OTHER   |                |                        |  |  |
|   |   | (Column 1)                       | populari e e e e e e e e e e e e e e e e e e e | (Colu        |                              | (Column 3)       | -        | SWALL          |                              | OR      | SMALL          |                        |  |  |
| MT A  |   | CLAIMS REMAINING AFTER AMENDMENT |  | NUM<br>PREVI | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |          | RATE           | ADDI-<br>TIONAL<br>FEE       |         | RATE           | ADDI-<br>TIONAL<br>FEE |  |  |
|   | Total   | #                                | Minus  | ŧά           |                              | =                |          | X\$ 9=         |                              | OR      | X\$18=         |                        |  |  |
| AMENDMENT   | Independent   | <b>*</b>                         | Minus  | ***          |                              | =                |          | X40=           |                              | OR      | X80=           |                        |  |  |
| €(  | FIRST PRESENTATION OF MULTIPLE DEPENDEN   |                                  |  |              | T CLAIM                      |                  |          | +135=          |                              | OR      | +270=          |                        |  |  |
|   |   |                                  |  |              |                              |                  |          | +135=          | <u> </u>                     |         | TOTAL          |                        |  |  |
|   |   |                                  |  |              |                              |                  |          | ADDIT. FEE     |                              | OR      | ADDIT. FEE     | L                      |  |  |
|   |   | (Column 1)                       | <u> </u>                                       |              | ımn 2)<br>HEST               | (Column 3)       | ) (i     |                | (ADD)                        | 1       |                | ADDI-                  |  |  |
| MENT B  |   | REMAINING<br>AFTER<br>AMENDMENT  |  | NU!<br>PREV  | MBER<br>NOUSLY<br>D FOR      | PRESENT<br>EXTRA |          | RATE           | ADDI-<br>TIONAL<br>FEE       |         | RATE           | TIONAL<br>FEE          |  |  |
| SE CONTRACTOR                                     | Total   | •                                | Minus  | άά           |                              | =                |          | X\$ 9=         |                              | OR      | X\$18=         |                        |  |  |
| AMENDA  | Independent   | *                                | Minus  | ***          |                              | = -              |          | X40=           |                              | OR      | X80=           |                        |  |  |
| •   | FIRST PRESENTATION OF MULTIPLE DEPEND   |                                  |  |              | IT CLAIM                     |                  |          | +135=          |                              | OR      |                |                        |  |  |
|   |   |                                  |  |              |                              |                  | Į        | TOTAL          |                              | OR      | TOTAL          |                        |  |  |
|   |   |                                  |  |              |                              |                  |          |                | <u> </u>                     |         | ADDIT. FEE     | <u> </u>               |  |  |
|   | · · · · · · · · · · · · · · · · · · ·   | (Column 1)  CLAIMS               |  |              | umn 2)<br>HEST               | (Column 3)       | ,<br>1   |                |                              | 7       |                | 100                    |  |  |
| ENTC  | ·   | REMAINING<br>AFTER<br>AMENDMENT  |  | NU<br>PREV   | MBER<br>/IOUSLY<br>D FOR     | PRESENT<br>EXTRA |          | RATE           | ADDI-<br>TIONAL<br>FEE       |         | RATE           | ADDI-<br>TIONAL<br>FEE |  |  |
| AMENDMENT   | Total   | ÷                                | Minus  | **           |                              | =                |          | X\$ 9=         |                              | OR      | X\$18=         |                        |  |  |
| ME  | Independent   | ŵ                                | Minus  | ***          |                              | ]=               | ╢        | X40=           |                              | OR      | X80=           |                        |  |  |
| <b>E</b>  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |                                  |  |              |                              |                  |          | 405            |                              | 1       |                |                        |  |  |
|   | If the optor in cal   | umn 1 is less than               | the entry in col                               | lumn 2 wi    | rite "0" in o                | olumn 3.         |          | +135=<br>TOTAL |                              | OR      | TOTAL          |                        |  |  |
| **  | <ul> <li>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."</li> </ul> |                                  |  |              |                              |                  |          |                |                              | OR      | ADDIT. FEI     | EL                     |  |  |
|   | The "Highest Nu   | imber Previously Pa              | aid For" (Total                                | or Indepe    | ndent) is th                 | ne highest numb  | er fo    | und in the ap  | propriate be                 | ox in c | column 1.      |                        |  |  |